St. Paul's Lutheran School

7821 W. Lincoln Ave. West Allis, WI 53219www.splswa.com

TUITIONASSISTANCEFORTHESCHOOLYEAR:2024-2025

Section1:FamilyInformation

ParentName:_		Member:	Non-Member:						
A):	NAMESOFSTUDENTSATTENDINGST. PAUL'SLUTHERANSCHOOL								
	1):	EnteringGrade:							
	2):								
	3):								
B):	Person(s)ResponsibleforPaymentofTuition:	C:Parent/Guardian (if same as B, write							
	SAME)RelationshiptoStudent:	_							
	Name:	Name:							
	Address:	Address:							
	City&Zip:	City&Zip:							
	Telephone:	Telephone:							
D):	PARENTSMARITALSTATUS(circleone)								
	1):Single 2):Married 3):Widowed	4):Bothdeceased	5):Divorced						
	6):SeparatedE): EMPLOYER:								
	 (Father/Guardian)	(Mother/Guardian)							
	OCCUPATION:								
	(Father/Guardian)		(Mother/Guardian)						
	ancialInformation Please complete Section nationfortheparent(s)orguardian(s)whoareresponsib		• •						
A): <u>Las</u>	stYear'sGrossIncomeEarnedby:	B): <u>LastYear'sNon-TaxableIncome</u>							
(1) Fa	ther/Stepfather/MaleGuardian \$	ChildSupport:	PerMonth PerYear \$\$						
	other/Stepmother/FemaleGuardian\$	Welfare/W-2:	\$ \$						
	talGrossIncomeasreportedonlast\$		\$_\$						
	ear'sIRSForm1040,1040A,or1040EZ	AllotherIncome:	\$ \$						
•		TotalNon-Taxable	\$ \$						

IMPORTANT:

Please return a signed Photocopy of your completed Federal Income Tax Return with supporting schedules and/orproof of Social Security, W-2, or other nontaxable income to the School Office.If for some reason you cannot submit yourtaxreturnorfinancialinformation, please contact the School Office at 414-541-6251.

Incomeforlastyear

Section3:												
Please describe (attach nour consideration of significantlyfromlastyear.	your student											
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I	certifythatallinfo	rmationnerei	nproviaeai	saccui	rateanac	ompiete.						
Parent/Guardiar	Signature					Date						
Evidenceofinaccurateormisinformationmayterminateagreement												